10-05-05

DAC #4

OIPE IAP78 OCT 04 2005 PATENT & TRADEMARK OFFICE

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

| | | | |
|---|---|---|---|
| **In re United States Patent Application of:** | | **Docket No.:** | **4115-178** |
| **Applicant:** | **David Hone** | **Examiner:** | **Unassigned** |
| **Application No.:** | **10/525,702** | **Art Unit:** | **Unassigned** |
| **Date Filed:** | **February 18, 2005** | **Conf. No.:** | **4972** |
| **Title:** | **RECOMBINANT DOUBLE-STRANDED RNA PHAGES AND USES THEREOF** | **Customer No.:** | **23448** |

**EXPRESS MAIL CERTIFICATE**

I hereby certify that I am mailing the attached documents to the Commissioner for Patents on the date specified, in an envelope addressed to Mail Stop Petitions, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 and Express Mailed under the provisions of 37 CFR 1.10.

Joanna Joslyn

October 4, 2005
Date

EO 006 070 486 US
Express Mail Label Number

RECEIVED OCT 07 2005 OFFICE OF PETITIONS RECEIVED 14 OCT 2005 Legal Staff International Division

**PETITION FOR ACCEPTANCE OF DECLARATION AND POWER OF ATTORNEY EXECUTED BY ASSIGNEE ON BEHALF OF A NON-SIGNING INVENTOR IN U.S. PATENT APPLICATION NO.: 10/525,702**

Mail Stop: Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Your Petitioner, the University of Maryland Biotechnology Institute (UMBI), hereby petitions for acceptance of the enclosed Declaration and Power of Attorney, executed by assignee on

10/06/2005 TBESHAH1 00000019 10525702
01 FC:1463 200.00 OP

behalf of non-signing David Hone under the provisions of 37 CFR §1.47(b), based on the following statement of facts:

1. David Hone has made an invention of the subject matter which is described and claimed in U.S. Patent Application No. 10/25,702, submitted on February 18, 2005 under 35 U.S.C. §371 and claiming priority of International Patent Application No. PCT/US03/026200 filed on August 20, 2003, which in turn claims priority of U.S. Provisional Patent Application No. 60/404,806 filed on August 20, 2002.
2. The non -signing inventor agreed to assign all his rights, title and interests in the aforementioned U.S. Patent Application No. 10/525,702 to the University of Maryland Biotechnology Institute ("UMBI") by virtue of the employment contract signed by Dr. Hone, a true and exact copy enclosed in Appendix A:
3. On March 29, 2005 and August 31, 2005, Olga Stecyk-Aquino, a legal assistant at UMBI contacted Dr. Hone and requested his execution of the required Declaration and Power of Attorney form. Dr. Hone did not reply. A sworn Affidavit is included in Appendix B executed by Ms. Stecyk-Aquino setting forth the chronology of multiple attempts to contact Dr. Hone and the lack of reply by Dr. Hone;
4. In light of the refusal of the inventor to sign the Declaration and Power of Attorney form, Assignee UMBI has executed a Declaration on behalf of the non-signing inventor, consistent with the provisions of 37 CFR §1.47(b), and such Declaration is enclosed and submitted herewith in Appendix C.
5. The last known addresses of the non-signing inventor is as follows:

   Dr. David Hone
   Aeras Global TB Vaccine Foundation
   9610 Medical Center Drive
   Suite 220
   Rockville, Maryland 20850

It therefore is requested that the U.S. Patent and Trademark Office accept and grant this **"PETITION FOR ACCEPTANCE OF DECLARATION AND POWER OF ATTORNEY, EXECUTED ON BEHALF OF NON-SIGNING INVENTOR UNDER 37 C.F.R. § 1.47(b)."** The petition fee set forth in 37 CFR §1.17(i) in the amount of $400.00 is enclosed. Authorization is given to charge any deficiency and to credit any excess payment to Deposit Account No. 08-3284 of Intellectual Property/Technology Law.

**I HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS ARE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS, AND THE LIKE, SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OR TITLE 18 OF THE UNITED**

**STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.**

Respectfully submitted,

Marianne Fuierer
Attorney for Petitioner
Registration No. 39983

Date: 10/4/05

**INTELLECTUAL PROPERTY/
TECHNOLOGY LAW
P.O. Box 14329
Research Triangle Park, NC 27709
Telephone: (919) 419-9350
Fax: (919) 419-9354
Attorney Ref: 4115-178**

# APPENDIX A

4/97

# UNIVERSITY OF MARYLAND BIOTECHNOLOGY INSTITUTE
# INTELLECTUAL PROPERTY ASSIGNMENT
# AND CONFIDENTIAL INFORMATION AGREEMENT

This Agreement is made by me and the University of Maryland Biotechnology Institute, hereinafter "UMBI" in part consideration for my employment by UMBI, any wages and/or salary or other forms of compensation to be paid or rendered to me by the UMBI during any period of such employment, and/or my utilization of UMBI information, facilities or other resources.

Pursuant to the University of Maryland Policy on Patents (IV - 3.00) and Policy on Copyrights (IV - 3.10) , both approved by the Board of Regents on May 31, 1990, copies attached, hereinafter "Policy", I understand and agree to the following:

1. UMBI, in addition to other rights established in the policy, has a sole right of ownership of all intellectual property (as defined in the Policy) including Inventions (as defined below) which I may conceive, develop, make, produce or reduce to practice as a result of my activities on behalf of UMBI or as a result of my utilization of UMBI information, facilities or other resources (hereinafter "UMBI Intellectual Property"). I further understand that in some instances, a third party may obtain rights to such intellectual property in accordance with the Policy.

2. I agree to promptly disclose all inventions, improvements, formulae, ideas, processes, techniques, experimental and clinical tests or procedures, trade secrets, know-how, and data (collectively referred to herein as "Inventions") conceived, developed, made or reduced to practice by me during the course of my employment, whenever such inventions, improvements, formulae, ideas, processes, techniques, experimental and clinical tests or procedures, trade secrets, know-how, and data result, in whole or in part, from my employment with UMBI or as a result of my utilization of UMBI information, facilities or other resources. I agree to maintain accurate and complete laboratory notebooks and/or other written documentation that is necessary and appropriate to document the creation of such UMBI Intellectual Property.

3. As an employee of UMBI and in accordance with the Policy, I hereby assign to UMBI (or its designee) any and all rights to UMBI Intellectual Property and to do all things necessary to effect such assignment and to assist UMBI in the protection of UMBI Intellectual Property. My obligation to assist UMBI in obtaining and enforcing patents, copyrights or other rights for Inventions in any and all countries shall continue beyond the termination of my employment. In the event UMBI is unable for any reason whatsoever to secure my signature to any lawful and necessary document required or reasonable desired to apply for or execute any patent, copyright or document required or reasonably desired to apply for or execute any patent, copyright or other applications with respect to such Inventions (including renewals, extensions, continuations, divisionals or continuations-in-part thereof), I hereby designate and appoint UMBI and its duly authorized officers and agents, as my agents and attorneys-in-fact to act for and in behalf and instead of me, to execute and file any such application and to do all other lawfully permitted acts to further the prosecution and issuance of patents, copyrights or other rights thereon with the same legal force and effect as if executed by me.



BEST AVAILABLE COPY

4. I understand I may be entitled, in accordance with the provisions of the Policy, to receive a share of any royalties, less applicable expenses, received from any commercialization of the Intellectual Property created by me while employed by UMBI.

5. As a result of externally funded research, I may, from time to time, be granted, either directly or indirectly, access to confidential information, which may be disclosed to me either orally or in writing. I agree that, to the extent that I am notified of the confidential nature of such information, I will take all reasonable steps to protect such confidential information from unauthorized disclosure. For the purposes of this agreement, confidential information shall not include:

1) information readily available in the public domain;
2) information disclosed to me by a third party, not under any duty of confidentiality and legally entitled to disclose;
3) information I can establish by competent proof was in my possession at the time of its disclosure to me;
4) information approved for release by written authorization;
5) information required to be disclosed by law.

I have read the University of Maryland Policy on Patents (IV - 3.00) and Policy on Copyrights (IV - 3.10) attached hereto and have carefully considered the terms of these policies and of this assignment and agreement prior to signing below. If I have any questions relating to this agreement or my obligations under this agreement, I understand that it is my responsibility to obtain answers or assistance prior to signing this agreement.

[signature] 5.17.97
Employee Signature Date

DAVID HONE
Printed Name

[signature] 5.17.97
Witness Signature Date

Michael Mergas
Printed Name

ENTERED 5/21/97 TD

BEST AVAILABLE COPY

# APPENDIX B

BEST AVAILABLE COPY

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

| | | | |
|---|---|---|---|
| **In re United States Patent Application of:** | | **Docket No.:** | **4115-178** |
| **Applicant:** | **David Hone** | **Examiner:** | **Unassigned** |
| **Application No.:** | **10/525,702** | **Art Unit:** | **Unassigned** |
| **Date Filed:** | **February 18, 2005** | **Conf. No.:** | **4972** |
| **Title:** | **RECOMBINANT DOUBLE-STRANDED RNA PHAGES AND USES THEREOF** | **Customer No.:** | **23448** |

**AFFIDAVIT OF OLGA STECYK-AQUINO CONCERNING U.S. PATENT APPLICATION 10/525,702**

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Olga Stecyk-Aquino hereby declare:

(1) That I am employed as a legal assistant by the University of Maryland Biotechnology Institute (UMBI), having offices at Suite 200, Central Administration, 701 East Pratt Street, Baltimore, MD 21202:

(2) That on March 18, 2005, I received a Declaration and Power of Attorney document from UMBI's patent counsel for execution by Dr. David Hone, the sole inventor of the above-identified U. S. Patent Application No. 10/525,702;

(3) That I prepared a letter on March 29, 2005 and forwarded said Declaration to Dr. Hone, via Federal Express, to Dr. Hone's current place of employment and last known address, that being,

Dr. David Hone
Aeras Global TB Vaccine Foundation
9610 Medical Center Drive
Suite 220
Rockville, Maryland 20850

A true and exact copy of such letter and proof of the Federal Express label is Exhibit 1 and 2 found in Appendix A.

BEST AVAILABLE COPY

(4) That I never received a response from Dr. Hone or any return documents.

(5) That on August 31, 2005 I was asked to resend the documents to Dr. Hone. Again, I forwarded such documents to Dr. Hone's current employment address and mailed the documents via certified mail with signature verification of delivery. Exhibit 3 and 4 provide a true and exact copy of such letter and Certified Mail Receipt, with a signature of delivery;

(6) That I never received a response from Dr. Hone or the return of any documents.

**I HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS ARE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS, AND THE LIKE, SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OR TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.**

Olga Stetyk-Aquino

**Olga Stetyk-Aquino**

**Date:** October 4, 2005

# APPENDIX A

UMBI
UNIVERSITY OF MARYLAND
BIOTECHNOLOGY INSTITUTE

Office of Research & Development
Facsimile: 410-385-6331

EXECUTIVE OFFICES
15825 SHADY GROVE ROAD
SUITE 55
ROCKVILLE, MARYLAND 20850
301.990.4800 TEL.
301.990.4814 FAX
WWW.UMBI.UMD.EDU

CENTRAL ADMINISTRATION
COLUMBUS CENTER
701 EAST PRATT STREET, SUITE 200
BALTIMORE, MARYLAND 21202-3101
410.385.6305 TEL.
410.385.6312 FAX

**VIA FEDERAL EXPRESS**

March 29, 2005

Dr. David Hone
Aeras Global TB Vaccine Foundation
9610 Medical Center Drive
Suite 220
Rockville, Maryland 20850

**RE:** Filing of Information Disclosure Statement
**TITLE:** RECOMBINANT DOUBLE-STRANDED RNA PHAGES AND USES THEREOF
**UMBI REF:** HONE-02-009-PCT-US

Dear Dr. Hone:

Enclosed are the Declaration and Power of Attorney, Disclosure Confirmation and Assignment documents for the above referenced application. Please execute these documents and return to my attention in the Office of Research & Development in the self-addressed, stamped envelope.

Should you have any questions, please feel free to contact me at 410-385-6319 or via e-mail at stecykaq@umbi.umd.edu.

Thank you for your assistance with this matter.

Respectfully,

Olga Stecyk-Aquino
Legal Assistant
Asset Protection and Commercialization
Office of Research & Development

Enclosures: 3

Exhibit 1

BEST AVAILABLE COPY

FedEx. US Airbill
Express

FedEx Tracking Number 8465 3386 1470

Sender's Copy

**1 From** *Please print and press hard.*

Date 3-29-05 Sender's FedEx Account Number 2500-4596-4

Sender's Name SHAUN KOENIG Phone (410) 385-6327

Company UNIV OF MARYLAND/BIO TECH INST

Address 701 E PRATT ST STE 200 Dept./Floor/Suite/Room

City BALTIMORE State MD ZIP 21202-3101

**2 Your Internal Billing Reference** OPTIONAL
First 24 characters will appear on invoice.

**3 To**

Recipient's Name Dr. David Hone Phone (301) 762-3100

Company Aeras Global TB Vaccine Foundation

Recipient's Address 9610 Medical Center Drive Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address Suite 220
To request a package be held at a specific FedEx location, print FedEx address here.

City Rockville State MD ZIP 20850

**4a Express Package Service** *Packages up to 150 lbs.* * To most locations

- ☐ FedEx Priority Overnight — Next business morning*
- ☐ FedEx Standard Overnight — Next business afternoon*
- ☐ FedEx First Overnight — Earliest next business morning delivery to select locations*
- ☐ FedEx 2Day — Second business day*
- ☒ FedEx Express Saver — Third business day*

FedEx Envelope rate not available. Minimum charge: One-pound rate

**4b Express Freight Service** *Packages over 150 lbs.* ** To most locations

- ☐ FedEx 1Day Freight* — Next business day**
- ☐ FedEx 2Day Freight — Second business day**
- ☐ FedEx 3Day Freight — Third business day**

* Call for Confirmation: * Declared value limit $500

**5 Packaging**

- ☒ FedEx Envelope*
- ☐ FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
- ☐ FedEx Box
- ☐ FedEx Tube
- ☐ Other

**6 Special Handling** — Include FedEx address in Section 3.

- ☐ SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes
- ☐ HOLD Weekday at FedEx Location NOT Available for FedEx First Overnight
- ☐ HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods? One box must be checked.

- ☐ No
- ☐ Yes — As per attached Shipper's Declaration
- ☐ Yes — Shipper's Declaration not required
- ☐ Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg
- ☐ Cargo Aircraft Only

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging.

**7 Payment** *Bill to:* Enter FedEx Acct. No. or Credit Card No. below.

- ☒ Sender — Acct. No. in Section 1 will be billed
- ☐ Recipient
- ☐ Third Party
- ☐ Credit Card
- ☐ Cash/Check

FedEx Acct. No. / Credit Card No. Exp. Date

| Total Packages | Total Weight | Total Declared Value† |
|---|---|---|
| | | $ .00 |

†Our liability is limited to $100 unless you declare a higher value. See back for details. FedEx Use Only

**8 Sign to Authorize Delivery Without a Signature**

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

466

Try online shipping at fedex.com

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

**Questions? Visit our Web site at fedex.com** or call 1.800.GoFedEx 1.800.463.3339.

0275697347

SRS+ Rev. Date 11/03 • Part #158279 • ©1994–2003 FedEx • PRINTED IN U.S.A.

Exhibit 2

BEST AVAILABLE COPY

(01-04)

| DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION | | |
|---|---|---|
| ☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 4115-178 |
| | First Named Inventor | David Hone |
| | COMPLETE IF KNOWN | |
| | Application Number | 10/525,702 |
| | Filing Date | February 18, 2005 |
| | Art Unit | NA |
| | Examiner Name. | NA |

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**"RECOMBINANT DOUBLE-STRANDED RNA PHAGES AND USES THEREOF"**

the specification of which is attached hereto unless the following box is checked:

( x ) was submitted on February 18, 2005 as US Application Serial No. 10/525,702 based on International Application Number PCT/US03/026200 filed on August 20, 2003.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination and patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

**Foreign Application(s) and/or Claim of Foreign Priority**

I hereby claim foreign priority benefits under Title 35, United States Code Section 119(a-d) or 365(b) of any foreign application(s) for patent or inventor(s) certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

| COUNTRY | APPLICATION NO. | DATE FILED | PRIORITY CLAIMED UNDER 35 U.S.C. 119 |
|---|---|---|---|
| PCT | PCT/US03/026200 | 20 August 2003 | YES: X NO: ___ |

I hereby claim the benefit under Title 35, United States Code, §119(e) and/or §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this specification is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

| 60/404,806 | August 20, 2002 | Converted to PCT |
|---|---|---|
| (Application Number) | (Filing Date) | (Status-Patented, Pending, abandoned) |

BEST AVAILABLE COPY

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 4115-178

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

**STEVEN J. HULTQUIST, REG. NO. 28,021**
**MARIANNE FUIERER, REG. NO. 39,983**
**TRISTAN FUIERER, REG. NO. 52,926**

All correspondence in connection with this application should be sent to:

**Steven J. Hultquist**
**Intellectual Property/Technology Law**
**P. O. Box 14329**
**Research Triangle Park, NC 27709**
**Telephone: (919) 419-9350**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole Inventor: David Hone

Inventor Signature: _____

Residence Address: 7927 Rustling Bark Court, Ellicott City, MD 21043

Citizenship: USA

Mailing Address: _____
(if different from Residence Address)

BEST AVAILABLE COPY

Docket No.: 4115-178

# ASSIGNMENT

I, **DAVID HONE** have made an invention the specification of which is described in U.S. Patent Application 10/525,702 filed in the United States Patent and Trademark Office on February 18, 2005 entitled:

**"RECOMBINANT DOUBLE-STRANDED RNA PHAGE AND USES THEREOF"**

I hereby assign to University of Maryland Biotechnology Institute, 701 E. Pratt Street, Suite 200, Baltimore, MD 21202, all ownership and rights in:

(i) the invention and U.S. Patent Application;
(i) non-provisional, continuing, divisional and continuation-in-part applications based on and claiming benefit and/or priority of said U.S. Patent Application;
(iii) U.S. Patents on the invention; and
(iv) corresponding foreign patent applications and patents.

I am making this assignment based on my employment relationship with **University of Maryland Biotechnology Institute.**

I respectfully request the Commissioner for Patents of the United States and the appropriate officers of all foreign countries to issue patents on the invention to:

**University of Maryland Biotechnology Institute**

as owners of the invention and aforementioned patent rights.

I agree to execute any other legal documents that may be required to effectuate this Assignment.

I agree that I will promptly communicate to **University of Maryland Biotechnology Institute** all facts which come to my attention affecting the invention or patent rights.

I agree that I will testify in any interference or litigation involving the invention or patent rights.

I declare that I have not done anything in conflict with this Assignment.

DAVID HONE

Date



BEST AVAILABLE COPY

UMBI
UNIVERSITY OF MARYLAND
BIOTECHNOLOGY INSTITUTE

EXECUTIVE OFFICES
9600 GUDELSKY DRIVE
ROCKVILLE, MARYLAND 20850
301.738.6161 TEL.
301.738.6250 FAX
WWW.UMBI.UMD.EDU

CENTRAL ADMINISTRATION
COLUMBUS CENTER
701 EAST PRATT STREET, SUITE 200
BALTIMORE, MARYLAND 21202
410.385.6305 TEL.
410.385.6312 FAX

**Office of Research & Development**
**Facsimile: 410-385-6331**

August 31, 2005

**SECOND ATTEMPT**

**VIA REGISTERED MAIL**

David Hone
Aeras Global TB Vaccine Foundation
7500 Old Georgetown Road, Suite 800
Bethesda, MD 20814

**RE:** **Declaration and Power of Attorney for Execution for US Patent Application No. 10/525,702**
**TITLE:** **RECOMBINANT DOUBLE-STRANDED RNA PHAGES AND USES THEREOF**
**UMBI REF:** **Hone-02-009**

Dear Dr. Hone:

Enclosed you will find the Declaration and Power of Attorney document for the above referenced patent application. Please review this document, execute and return to me in the Office of Research & Development in the enclosed self-addressed envelope.

Should you have any questions or concerns with regards to this matter, please feel free to contact me via phone at 410-385-6319, or via e-mail at stecykaq@umbi.umd.edu.

Thank you for your cooperation with regards to this matter.

Respectfully,

Olga Stecyk Aquino
Legal Assistant
Asset Protection and Commercialization

Enclosure

Exhibit 3

BEST AVAILABLE COPY

7004 2510 0006 6250 7245

**U.S. Postal Service™**
**CERTIFIED MAIL™ RECEIPT**
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at www.usps.com:

**OFFICIAL USE**

| | |
|---|---|
| Postage | $ 2.90 |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ |

Postmark Here

Sent To: DR David Hone
Street, Apt. No.; or PO Box No.: Aeras Global
City, State, ZIP+4: Bethesda, MD

PS Form 3800, June 2002 — See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DR. David Hone
Aeras Global TB
Vaccine Foundation
7500 Old Georgetown
Rd. Suite 800
Bethesda, MD 20814

**C. ...TION ON DELIVERY**

A. Signature
X
B. Received by (Printed Name) C. Date of

D. Is delivery address different from item 1? ☐ Y ☐ N
If YES, enter delivery address below:

WES... USPS 2005

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Mer
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐

2. Article Number (Transfer from service label) 7004 2510 0006 6250 7245

PS Form 3811, February 2004 — Domestic Return Receipt — 102595

BEST AVAILABLE COPY

Exhibit 4

# APPENDIX C

(01-04)

| DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION | | |
|---|---|---|
| ☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 4115-178 |
| | First Named Inventor | David Hone |
| | *COMPLETE IF KNOWN* | |
| | Application Number | 10/525,702 |
| | Filing Date | February 18, 2005 |
| | Art Unit | NA |
| | Examiner Name | NA |

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**"RECOMBINANT DOUBLE-STRANDED RNA PHAGES AND USES THEREOF"**

the specification of which is attached hereto unless the following box is checked:

( x ) was submitted on February 18, 2005 as US Application Serial No. 10/525,702 based on International Application Number PCT/US03/026200 filed on August 20, 2003.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination and patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

**Foreign Application(s) and/or Claim of Foreign Priority**

I hereby claim foreign priority benefits under Title 35, United States Code Section 119(a-d) or 365(b) of any foreign application(s) for patent or inventor(s) certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

| COUNTRY | APPLICATION NO. | DATE FILED | PRIORITY CLAIMED UNDER 35 U.S.C. 119 |
|---|---|---|---|
| PCT | PCT/US03/026200 | 20 August 2003 | YES: X NO: |

I hereby claim the benefit under Title 35, United States Code, §119(e) and/or §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this specification is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

| 60/404,806 | August 20, 2002 | Converted to PCT |
|---|---|---|
| (Application Number) | (Filing Date) | (Status-Patented, Pending, abandoned) |

BEST AVAILABLE COPY

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 4115-178

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

**STEVEN J. HULTQUIST, REG. NO. 28,021**
**MARIANNE FUIERER, REG. NO. 39,983**
**TRISTAN FUIERER, REG. NO. 52,926**

All correspondence in connection with this application should be sent to:

**Steven J. Hultquist**
**Intellectual Property/Technology Law**
**P. O. Box 14329**
**Research Triangle Park, NC 27709**
**Telephone: (919) 419-9350**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole Inventor: David Hone

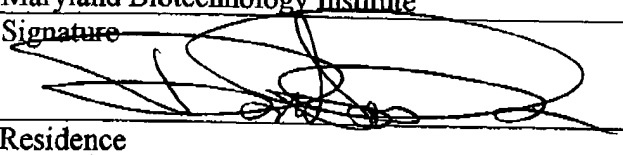
Inventor Signature: _____ David Hone

Residence Address: 7927 Rustling Bark Court, Ellicott City, MD 21043

Citizenship: USA

Mailing Address: _____
(if different from Residence Address)

BEST AVAILABLE COPY

| Full Name of Person Signing on Behalf of Non-Signing Inventors<br><br>Dean Drake, Associate Vice President, Research & Development, University of Maryland Biotechnology Institute | |
|---|---|
| Signature  | Date<br>10/4/05 |
| Residence<br>BALTIMORE MD. | Citizenship<br>USA |
| Mailing Address<br>701 EAST PRATT STREET 21202-3101 | |

BEST AVAILABLE COPY